

Health and Wellbeing Board

Minutes

20 March 2024

Present:

Chair: Councillor Paul Osborn

Board Members:

Councillor Ghazanfar Ali	Harrow Council
Councillor Hitesh Karia	Harrow Council
Councillor Pritesh Patel	Harrow Council
Councillor Norman Stevenson	Harrow Council
Jackie Allain	NHS (Reserve)
Yaa Asamany	Healthwatch Harrow
Isha Coombes	North West London Integrated Care Board

Non Voting Members:

Parmjit Chahal	Director of Children's Services	Harrow Council
Carole Furlong	Director of Public Health	Harrow Council
Lisa Henschen	Managing Director	Harrow Borough Based Partnership
Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

In attendance: Detective Superintendent Alastair Vanner

In attendance: (Officers) Laurence Gibson

Apologies Simon Crawford John Higgins

received:

Absent: Senel Arkut
Inspector Edward Baildon
Dr Radhika Balu

79. Attendance by Reserve Members

RESOLVED: To note:

- (1) the attendance at this meeting of the following duly appointed Reserve Member:

Ordinary Member

Reserve Member

James Benson

Jackie Allain

- (2) that apologies for absence had been received from Simon Crawford and John Higgins.

80. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

81. Minutes

RESOLVED: That the minutes of the meeting held on 25 January 2024, be taken as read and signed as a correct record.

82. Public Questions

RESOLVED: To note that no public questions, petitions or deputations had been received.

Resolved Items

83. Update from the Borough Based Partnership

The Board received a report which provided an update from the Harrow Borough Based Partnership.

Lisa Henschen, Managing Director of the Harrow Borough Based Partnership, presented the report, which covered key developments in the Harrow Borough Based Partnership (BBP) between December 2023 and March 2024.

The focus on the Partnership over this period had been the implementation of the Winter Plan. This was to ensure that systems flow, the capacity to meet increasing levels of demand, and the development of robust plans for the Partnership on admission avoidance was achieved.

Alongside the response to winter pressures, teams had been delivering the key priority programmes for the Partnership. These included the integration of children and young people services, integrated neighbourhood teams and integrated intermediate care services.

The Healthy Harrow Programmes continued to gain momentum, and the Partnership was looking ahead to a plan for inequalities delegated funding for 2024/25. Planning was underway for the Partnership Delivery Programme in 2024/25.

The Board inquired whether the objective to integrate the services was working smoothly. It was advised that this was working in pockets, especially in older people's services, but there was a need to embed changes for a smooth integration.

The Board asked if there was a geographic or neighbourhood element to social care. It was advised that it depended where individual patients were registered with their GPs, as the referral came from there.

The Board asked about the pressure on reducing pathway discharges, whether there would be a report on discharge rates, and how the borough would be impacted and particularly discharges from Woodland Hall. It was advised that data was reported weekly and an update would be given next month (April 2024). Harrow's position was fluid, as at times it was the most impacted, but at other times less so.

The Board queried on how outcomes were reported, for example on children's tooth decay, and what programmes were in place for mitigation. It was advised that A&E attendance for children under 12-years-old and other indicators were used. Furthermore, there was a supervised dental programme in schools for brushing teeth, which was helping to reduce tooth decay among children in the borough.

The Board thanked the Managing Director of the Harrow Borough Based Partnership for the report.

RESOLVED: That the report be noted.

84. Health Protection Update

The Board received a report which provided an update on Health Protection in Harrow.

Health Protection was a core function of public health practice, and covered a number of different elements that protected individuals, groups and populations from single cases of infectious disease, incidents and outbreaks.

There had been approximately 650 cases of measles in London, with 19 confirmed in Harrow, and one recent case in a school. Reasons for measles infection included low vaccination rates for Measles, Mumps and Rubella (MMR) among children. There were outreach programmes in affected areas

in Harrow, with vaccination clinics at school. Uptake had been encouraging, and it was envisaged that this would reduce the cases of measles in the borough.

On flu vaccinations, the eligibility criteria remained the same as last year, and residents at risk were encouraged to take up the offer.

The Board inquired why there was a difference in timing between the national measles vaccination programme and the London one. It was advised that the national campaign did not always coincide with local programmes but both were designed to achieve the same aim of reducing infection.

The Board also wanted to know if there were differences in infection rates among London boroughs, and which ones were most affected. It was advised that North West London had the most cases of measles among children, with Harrow, Brent and Ealing being most affected. This was partly due to demographic compositions and therefore messages targeted at each community were designed to encourage vaccine uptake.

The Board proposed that various methods be used to encourage vaccine uptake, such as the Gold Bulletin newsletter, which was delivered to schools across the borough.

The Chair requested that the Director of Public Health Partnership liaise with the Communications Team about including information on the proposals in the Gold Bulletin newsletter.

The Board thanked the officers for their presentation.

RESOLVED: That the report and presentation be noted.

85. Health & Wellbeing Strategy Update: Prevention in Partnership

The Board received a report which set out an application of a preventative strategy and used the example of physical activity and falls. The report highlighted the role of partners in understanding the opportunities for prevention within their particular settings.

The Prevention in the Partnership programme assessed the local offer of opportunities for residents of all ages, to help prevent them from developing adverse health outcomes, or their health conditions from getting worse.

There were three tiers to prevention:

- 1) primary prevention - taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduced lifestyle risks and their causes, or by targeting high-risk groups. These could include making it easier for people to be able to make healthier choices and therefore reduce their risk of developing diseases. For physical activity, this was alerting people to the risks associated with a lack of physical activity, and promoting events that motivated people to increase their level of physical activity;

- 2) secondary prevention - systematically detecting the early stages of disease and intervening before full symptoms developed. For physical activity, this was identifying those people at risk of falling in later years and motivating them to increase their strength and balance levels by participating in appropriate exercises; and
- 3) tertiary prevention - softening the impact of an ongoing illness, or injury that had lasting effects. This was done by helping people manage long-term, often complex health problems and injuries, such as chronic diseases, permanent impairments, in order to improve their ability to function, their quality of life, and their life expectancy. For physical activity, this was identifying a resident as frail and building in systems and processes to minimise the chance of injury or illness.

The Prevention in the Partnership approach was a systematic framework that would help promote any gaps in prevention initiatives. The approach would require a constant monitoring of the prevention initiatives in Harrow. It would initially work through the Integrated Neighbourhood Teams to ensure staff were enabled to acknowledge, promote, and refer residents as appropriate.

The Board asked whether there was data on the prevalence of falls. It was advised that most falls happened at home, while some on public footpaths.

The Board asked if the falls on public footpaths were reported to the Council's Highways Team. It was advised that they were.

The Board proposed that an awareness programme, particularly among elderly residents, be put in place. This should include distributing literature in places of worship in the borough, as some elderly residents might not have access to digital means of communication.

The Chair requested that the Director of Public Health liaise with the Communications Team about including information on the proposals in the weekly newsletter.

The Board thanked the officers for their presentation.

RESOLVED: That the report and presentation be noted.

86. Progress of 'Right Care, Right Person'

The Board received a report which provided an update on the progress of "Right Care, Right Person" following implementation by the Metropolitan Police Service on 1 November 2023.

Detective Superintendent Alastair Vanner presented the report and informed the Board that "Right Care, Right Person" aimed to ensure that the right professional saw individuals with mental health and/or broader health, and social care needs.

It was a model that had generated positive outcomes, including reduced demand on all agencies, in other parts of the country. At the centre of the “Right Care, Right Person” approach was a threshold to assist police in making decisions as to when it was appropriate for them to respond to incidents.

The approach went live on 1 November 2023 and all statutory partners continued to work closely to ensure safe implementation.

The Board was presented with statistics and other data on the approach thus far, which showed positive results.

The Board thanked Detective Superintendent Alastair Vanner for the report and presentation.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 10.05 am, closed at 11.40 am).

(Signed) Councillor Paul Osborn
Chair